

AO 436  
(Rev. 04/13)

## ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

**AUDIO RECORDING ORDER**

Read Instructions.

1. NAME		2. PHONE NUMBER		3. EMAIL ADDRESS justin.gilio@usdoj.gov	
4. MAILING ADDRESS		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER	9. CASE NAME		DATES OF PROCEEDINGS		
		10. FROM		11. TO	
12. PRESIDING JUDGE		LOCATION OF PROCEEDINGS			
		13. CITY		14. STATE	

15. ORDER FOR			
<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER (Specify)

16. AUDIO RECORDING REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which duplicate recordings are requested.)			
PORTION (S)	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER		
	NO. OF COPIES REQUESTED	COSTS
<input type="checkbox"/> DUPLICATE TAPE(S) FOR PLAYBACK ON A STANDARD CASSETTE RECORDER		
<input type="checkbox"/> RECORDABLE COMPACT DISC - CD		
<input type="checkbox"/> ELECTRONIC FILE (via email, digital download, or other Judicial Conference Approved Media)		
<b>ESTIMATE TOTAL</b>		

CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional) upon completion of the order.	
18. SIGNATURE	19. DATE

PROCESSED BY				PHONE NUMBER
ORDER RECEIVED	DATE	BY	DEPOSIT PAID	
DEPOSIT PAID			TOTAL CHARGES	
TAPE / CD DUPLICATED (if applicable)			LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TAPE/CD (if applicable)			TOTAL REFUNDED	
PARTY RECEIVED AUDIO RECORDING			TOTAL DUE	

**DISTRIBUTION:**

COURT COPY

ORDER RECEIPT

ORDER COPY

**INSTRUCTIONS**  
**GENERAL**

**Use.** Use this form to order duplicate audio recordings of proceedings. Complete a separate order form for each case number for which audio recordings are ordered.

**Completion.** Complete Items 1-19. Do *not* complete shaded areas which are reserved for the court's use.

**Order Copy.** Keep a copy for your records.

**Mailing or Delivering to the Court.** Mail or deliver two copies to the Office of the Clerk of Court.

**Deposit Fee.** For orders of 20 or more audio recordings, the court will notify you of the amount of the required deposit fee which may be mailed or delivered to the court. Upon receipt of the deposit, the court will process the order.

**Delivery Time.** Delivery time is computed from the date of receipt of the deposit fee (if requested, otherwise computed from the court's receipt date).

**Completion of Order.** The court will notify you when the audio recordings are completed.

**Balance Due.** If the deposit fee was insufficient to cover all charges, the court will notify you of the balance due which must be paid prior to receiving the completed order.

**SPECIFIC**

Items 1-19. These items should always be completed.

Item 8. Only one case number may be listed per order.

Item 15. Place an "X" in each box that applies.

Item 16. Check specific portion(s) and list specific date(s) of the proceedings for which a copy is requested.

Item 17. Place an "X" in each box that applies. Indicate the number of additional copies ordered.

Item 18. Sign in this space to certify that you will pay all charges upon completion of the order. (This includes the deposit plus any additional charges.)

Item 19. Enter the date of signing.

Shaded Area. Reserved for the court's use.